

TERMS AND CONDITIONS

IMPORTANT. PLEASE READ THESE TERMS WHICH ARE PART OF THIS CREDIT CARD APPLICATION.

Parkland Fuel Corp. ("Parkland", "we" or "us") may collect information during the course of our relationship with you and your business from credit bureaus, other financial institutions, and business references you provide us. We may also disclose information to credit bureaus and financial institutions. (The word "Information" means financial and financially-related information about you and your business, including information to identify you for products and services, or information that we need for regulatory requirements). If you provide us with your Social Insurance Number, we may share it with a credit bureau as an aid to identify you. We may use information to identify you and your business, protect your business and Parkland from fraud and error, understand your business' needs and eligibility for services, recommend particular products and services to meet your business' needs, provide ongoing service, and comply with legal and regulatory requirements. This is explained in our privacy policies available at <http://parkland.ca/Disclaimer.aspx> or by calling us at 1-800-662-7177 and asking to speak with our privacy officer or general counsel. These documents describe how the Parkland group collects, uses, discloses, and retains information about you, your business, and the products and services you and your business use.

You, on behalf of your business, are asking us to open a FleetPLUS™ account in the name of your business (the "Account") and to issue one or more FleetPLUS™ card(s) to you. Your business will be solely responsible for the full balance on the Account, including for all transactions by the authorized user(s). All payments must be made in full. We encourage you, along with any other FleetPLUS™ cardholder under the Account, to obtain and read the Cardholder Agreement, and other potentially applicable agreements and card terms (collectively the "Agreements"), which are available by calling us at 1-800-662-7177 and asking to speak with a FleetPLUS™ credit representative. You, on behalf of your business, will be required to agree to all of the terms and conditions of the Agreements to be able to use the Account. Please read the Agreements carefully. By signing, using or activating any FleetPLUS™ card or using your Account in any way, you, on behalf of your business, will be confirming that you have reviewed the Agreements and have accepted and will be bound by the Agreements. Your continued use of your Account after receiving notification of any amendments we may make to the Agreements from time to time will constitute your business' acceptance of these amendments. You must also ensure that all authorized users review the Agreements, and any amendments that we may send you from time to time. You, on behalf of your business, acknowledge that card features/services may change from time to time.

You, on behalf of your business, acknowledge that authorized users may view, obtain or be provided with information about your Account (including transactions, the balance owing and available credit).

IMPORTANT INFORMATION ABOUT OUR CARDS

The following provides important information about our cards. The charges, fees and pricing listed are valid as of January 1, 2017 and are subject to change.

Interest-Free Grace Period

Your business will benefit from an interest-free grace period of at least 30 days if you pay off your balance in full by the payment due date. We don't charge interest on purchases and fees appearing on your account statement for the first time if you pay your new balance in full by the payment due date.

Dishonoured Payment Fee

A fee of \$75.00 will apply if a convenience cheque or preauthorized debit from any financial institution is not accepted due to insufficient available cash or available credit. Note that amount of dishonoured payment will be subject to the applicable interest rate from the date such payment is reversed.

Your Account Statements

We will provide you an Account statement every month. It is expected that you will pay the balance of your Account within 30 days of receiving any such statement.

Determination of Interest

To calculate interest charges on any outstanding balances in your Account, we will multiply the monthly closing balance in your Account by two (2%) percent (amounting to an annual interest rate of twenty-four (24%) percent).

Lost or Stolen Cards

If your card is used without your authorization, you will not be liable if: (i) you did not knowingly contribute to the unauthorized use; (ii) you used reasonable care to keep your card safe from loss, theft or misuse; (iii) you notify us by telephone within 24 hours if you learn of the loss, theft or misuse of your card; (iv) there has not been more than one unauthorized use of your card in the last 12 months, and your account is in good standing. If you don't meet these criteria, you will be liable for all charges incurred in connection with the unauthorized use.

Contact Us

For additional information concerning this application or your Account, please call 1-800-662-7177 and ask to speak with a FleetPLUS™ customer support.

FLEETPLUS™ CARD APPLICATION



PLEASE PRINT CLEARLY IN CAPITAL LETTERS. APPLICANTS MUST BE A PERMANENT CANADIAN RESIDENT, AGE OF MAJORITY IN THEIR PROVINCE OF RESIDENCE, AND OWNER OF A BUSINESS. ALL FIELDS ARE MANDATORY UNLESS INDICATED OTHERWISE.

Your Business Information									
Business Name				Business Telephone Number			Business Fax		
Business Address				Town/City			Province		Postal Code
Number of employees excluding yourself:				How long in business		Years	Months	How many principals including yourself:	
Business Type: (Check one only)				What percentage of the business do you own:				%	
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other	Do you have any other employment? Yes No					
				If Yes... <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time					
Nature of business									
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Finance/Real Estate	<input type="checkbox"/> Farming/Agriculture	<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail/Wholesale	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other		
Where would you like your monthly statements sent?				E-mail:					
<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Business Address	<input type="checkbox"/> Home Address						
Your Personal Information									
Mr. Mrs. Miss. Ms. Dr. (please circle one)									
First Name		Initial	Last Name		Date of Birth (mm/dd/yyyy)		Social Insurance No. (OPTIONAL)		
Present Home Address		Apt. No.	Town/City		Province		Postal Code		Telephone Number
Your Business Financial Information									
Name of your Bank/Financial Institution:				<input type="checkbox"/> Chequing account	<input type="checkbox"/> Savings account				
Name of Creditor:				Loan Credit (please circle one)		Monthly payment: \$		per month	
Name of Creditor:				Loan Credit (please circle one)		Monthly payment: \$		per month	
TOTAL OUTSTANDING BUSINESS DEBT (INCLUDING LOANS, LINES OF CREDIT, CREDIT CARDS):				TOTAL OUTSTANDING \$		TOTAL CREDIT LIMIT \$			
FISCAL RESULTS (Complete only if in business greater than 12 months)				LAST FISCAL YEAR END (mm/dd/yyyy)		Gross Annual Revenue \$		Annual After Tax Profits/Loss \$	
Your Financial Information (only if your business is not incorporated)									
Do you currently: Rent Own Board Live with Parents Other (please circle one)				How long at current address: year(s) month(s)					
Monthly Rent/Mortgage: \$ per month				Please provide us with your previous address if you have lived less than 2 years at your current address:					
Home Telephone Number			Your Cellular Number			Your E-mail Address			
Annual Employment Income: \$ per year			Other Annual Income: \$ per year			Source Of Other Income:			
Use of Cards									
Do you need supplemental cards to be added to your account? If so, how many do you need?						I need _____ FleetPLUS™ cards.			
How much do you expect to spend on a monthly basis using the FleetPLUS™ cards?						How much credit do you seek?			
Payment									
How do you wish to pay for the expenses made using the FleetPLUS™ cards that have been supplied to you?									
<input type="checkbox"/> Electronic funds transfer (EFT)	<input type="checkbox"/> Preauthorized debit	<input type="checkbox"/> Cheque							
Signatures									
<input type="checkbox"/> I/WE HAVE READ AND RECEIVED THE TERMS AND CONDITIONS TO THE LEFT OF THIS APPLICATION.							Referred by		
Applicant's signature: SIGN HERE						Date: MM / DD / YYYY			

FOR FASTER PROCESSING, FAX THE APPLICATION TO 1-855-219-3944 OR SCAN AND EMAIL TO FLEETCARD.CREDIT@SUNOCO.COM